

February 24, 2003

MDR Tracking #: M2 03 0652 01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Doctor of Chiropractic who is board certified in pain management. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

This patient injured his low back on his job on \_\_\_ and has apparently undergone very extensive treatment over the last several years to include disc injections and numerous diagnostic procedures. Reports from the treating doctor indicate that the patient has difficulty maintaining control of his legs and occasionally falls in the shower. He still has difficulty standing and sitting for extended periods. In November of 2002, \_\_\_, his treating doctor, recommended a surgical consultation due to high levels of pain and guarding. Manipulative therapy was attempted, but the patient was in too much pain to withstand the adjustment. In August of 2002, he was fitted for a neuromuscular stimulator and a letter from the treating doctor indicates that the patient not only chronic pain but also disuse atrophy. At that time, the patient was claiming a pain of 9 ½ on a scale of 1 to 10, with 10 being "unbearable", quoting the doctor's letter. Since the patient quit using a rental unit in 2001, the treating doctor explains, he has regressed and developed the disuse atrophy and chronic pain as well as spasms.

## REQUESTED SERVICE

The carrier is denying purchase of a neuromuscular stimulator.

## DECISION

The reviewer agrees with the prior adverse determination.

## BASIS FOR THE DECISION

While a neuromuscular stimulator may be acceptable for a patient in acute pain, I know of no reason why a patient would need such a treatment 4 years post-injury. This patient claims to be in pain at a level that would normally be reserved for a patient who requires hospitalization. Whether the pain is due to functional overlay or is organic, this treatment request is highly unlikely to solve his pain. Also, atrophic degeneration would not respond to such treatment nearly as well as the patient becoming active in some fashion. Regardless, as the treating doctor has determined that a surgical referral is in order I would disagree with the prescription of this device. A muscle stimulator is passive in nature and is not consistent with this gentleman's needs.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee's policy.

As an officer of \_\_\_, dba \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TWCC.

Sincerely,